

Bucks County Free Library

Teen Volunteer Application

Teen Volunteers must be in grades 7-12. (Summer volunteers use fall grade)

The Library does NOT accept court-ordered volunteers.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
School	

Availability

Library Location _____

How long can you commit? Dates _____ to _____

How many hours do you wish to volunteer at the Library? (1-3 hours/week) _____

If you need service hours to fulfill a particular requirement, please briefly describe, including how many hours and by what date.

Do you have transportation to and from the library? _____

Days	Mon.	Tues.	Wed.	Thurs.	Friday	Sat.
Times						

Interests

Please describe why you are interested in volunteering at the library?

Tell us which areas you are interested in volunteering

- ☐ Tech Assistance and Creativity Lab
- ☐ Shelving/Shelf reading
- ☐ Summer Reading Program
- ☐ Assist with programs after school
- ☐ Assist with youth programs on Saturday
- ☐ Help with young children during Parent Meet-ups
- ☐ Helping in workroom with clerical tasks
- ☐ Assisting with creation and set-up for children's programs

Special Skills or Qualifications

Please list any special skills, interest or hobbies you would like to share.,

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please note: You will need to attend a Volunteer Orientation session before volunteering at the library.

Please read and complete the Teen Volunteer Agreement form on the next page, and return to us.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Teen Volunteer Agreement

The Library Agrees:

To provide you, as a Volunteer, with a safe work environment.

To provide supervision and training by a member of the Library staff, who will answer your questions and provide feedback regarding your work.

To recognize your contributions as a Volunteer to the success of the Library.

As a Teen Volunteer, I Agree:

To adhere to all The Bucks County Free Library policies and procedures.

To arrive on time and check in with staff upon arrival at my volunteer location.

To notify library staff as soon as possible if I am unable to report to my volunteer position.

To dress appropriately.

To treat library patrons and staff with courtesy and respect

To report volunteer hours on the volunteer time sheet.

As a Parent, I Agree:

To encourage my teenager to strive for good work habits and attendance.

To make sure my teenager arrives on time and is picked up at the end of his/her work shift.

To emphasize the importance of my teenager's volunteer responsibility.

Volunteer's Name (Please Print) _____

Volunteer's Signature _____

Parent's Name (Please Print) _____

Parent's Signature _____

Staff Signature _____

**BUCKS COUNTY
LIBRARY SYSTEM**

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